



STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
DISCLOSURE REPORT
NONCANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

Hawaii Medical Service Association
Employee Political Action Committee

(b) Mailing Address:

PO Box 860

Honolulu, HI 96808-0860

(c) Phone (Bus)

808-948-6297

(Res)

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☒ Preliminary Primary ☐ Amended

☐ Final Primary ☐ Short Form

☐ Preliminary General ☐ Final Election Period

☐ Supplemental ☐ Final Election Period

1/1/06 through 09/08/06

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee).....		\$13,680.20
2. Cash on Hand at the Beginning of this Reporting Period.....	\$18,812.36	
3. Total Receipts (From Line 11, Column A and B).....	\$16,031.99	\$29,714.15
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	\$34,844.35	\$43,394.35
5. Total Disbursements (From Line 14, Column A and B).....	\$13,750.00	\$22,300.00
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....	\$21,094.35	\$21,094.35

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through D Before Completing This Section)

RECEIPTS

7. Monetary Contributions of \$100 or Less.....	\$2,451.50	\$3,200.50
8. Non-Monetary Contributions of \$100 or Less.....	\$0	\$0
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).....	\$13,576.50	\$26,503.50
10. Other Receipts (Schedule D, Line 2 for Column A).....	\$3.99	\$10.15
11. Total Receipts (Add Lines 7 through 10 for Columns A and B).....	\$16,031.99	\$29,714.15

DISBURSEMENTS

12. Contributions To Candidates (Schedule B, Line 2 for Column A).....	\$13,750.00	\$22,300.00
13. Expenditures (Schedule C, Line 2 for Column A).....	\$0	\$0
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B).....	\$13,750.00	\$22,300.00

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Mike Sayam
Committee Chairperson Signature

9-12-06
Date

Larry J. Iwami
Treasurer Signature

9/12/06
Date
Form NC-3 (Rev. 11/97)

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Association Employee Political Action Committee

PAGE 1 OF 6

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kathleen Akimoto 1459 Honokahua st. Honolulu, HI 96825	Hawaii Medical Service Assoc.	200.00	350.00
		Director		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION William Bourne 1627 Kalaniuka Way Honolulu, HI 96821	Hawaii Medical Service Assoc.	150.00	150.00
		Medical Director		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Michael Cheng 1341 Kapiolani Blvd. #23 B Honolulu, HI 96814	Hawaii Medical Service Assoc.	250.00	1000.00
		Executive		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Edmund China 759 A 9th St. Honolulu, HI 96816	Hawaii Medical Service Assoc.	400.00	700.00
		Executive		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jennifer Diesman 3436 Nihipali Place Honolulu, HI 96816	Hawaii Medical Service Assoc.	150.00	150.00
		Director		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Stacy Evensen 45-744 Ko Street Kaneohe, HI 96744	Hawaii Medical Service Assoc.	500.00	500.00
		Vice President		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Fern Madelyn 4746 Farmers Rd. Honolulu, HI 96816	Hawaii Medical Service Assoc.	100.00	200.00
		Manager		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... 1750.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

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	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Wally Hirai 98-1867 Piki St. Aiea, HI 96701	Hawaii Medical Service Assoc.	300.00	450.00
		Assistant Vice President		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linda Katagiri 1417 Akiakala St. Kailua, HI 96744	Hawaii Medical Service Assoc.	400.00	1000.00
		Executive		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Wendell Oda 801 S. King St. #2208 Honolulu, HI 96813	Hawaii Medical Service Assoc.	300.00	500.00
		Executive		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Suzie Shimizu 1475 Apona St. Honolulu, HI 96819	Hawaii Medical Service Assoc.	150.00	300.00
		Director		
3/24/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Timothy Tanabe 94-1029 Lelepua Pl. Waipahu, HI 96797	Hawaii Medical Service Assoc.	100.00	100.00
		Employee		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Douglas Auten 44-527 Kaneohe Bay Drive Kaneohe, HI 96744	Hawaii Medical Service Assoc.	150.00	150.00
		Director		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Georgiana Fujita 503 Anolani St. Honolulu, HI 96821	Hawaii Medical Service Assoc.	250.00	1000.00
		Senior Vice President		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... 1650.00

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Hawaii Medical Service Association Employee Political Action Committee

PAGE 1 OF 6

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	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James Kadota 608 Eaea Pl. Honolulu, HI 96825	Hawaii Medical Service Assoc.	150.00	300.00
		Director		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Norman Mathews 555 University Avenue, #2307 Honolulu, HI 96828	Hawaii Medical Service Assoc.	500.00	500.00
		Executive		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gwen Miyasato	Hawaii Medical Service Assoc.	1000.00	1000.00
		Executive		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Paul Schnur 47-137 Kaimalolo Place Kaneohe, HI 96744	Hawaii Medical Service Assoc.	300.00	800.00
		Executive		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James Walsh 94-304 Kamalei St. Mililani, HI 96789	Hawaii Medical Service Assoc.	500.00	500.00
		Executive		
4/4/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gerry Wong 2876 Komaia Place Honolulu, HI 96822	Hawaii Medical Service Assoc.	300.00	450.00
		Executive		
4/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Cliff Cisco 5321 Kahalakua St. Honolulu, HI 96821	Hawaii Medical Service Assoc.	250.00	1000.00
		Senior Vice President		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$3000.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

**STATE OF HAWAII
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NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Association Employee Political Action Committee

PAGE 1 OF 6

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
4/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Lauren Lee 45-125 Pookela Place Kaneohe, HI 96744	Hawaii Medical Service Assoc.	100.00	200.00
		Manager		
4/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jane Miyake 380 Haleloa Place Apt. H Honolulu, HI 96821-2274	Hawaii Medical Service Assoc.	171.00	330.00
		Director		
4/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Deb Taira 7413 Makaa St. Honolulu, HI 96825	Hawaii Medical Service Assoc.	200.00	400.00
		Manager		
4/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Wendy Nakasone-Mooney 95-1002 Ahulili St. Kailua, HI 96789	Hawaii Medical Service Assoc.	100.00	300.00
		Director		
5/1/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION David Chang 1983 Ala Mahamoe Place Honolulu, HI 96816	Hawaii Medical Service Assoc.	300.00	600.00
		Executive		
5/1/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Dr. Richard Chung 77-24 Kalohelani Pl. Honolulu, HI 96825	Hawaii Medical Service Assoc.	500.00	1000.00
		Senior Vice President		
5/1/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Robert Hiam 1020 Waiiki Street Honolulu, HI 96821	Hawaii Medical Service Assoc.	1000.00	1000.00
		President CEO		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$2371.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

**STATE OF HAWAII
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Hawaii Medical Service Association Employee Political Action Committee

PAGE 1 OF 6

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	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
5/1/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Arlene Kam 2217 Hyde Street Honolulu, HI 96822	Hawaii Medical Service Assoc.	100.00	200.00
		Manager		
5/1/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gina Marting 252 Kahalo St. Kailua, HI 96734	Hawaii Medical Service Assoc.	300.00	600.00
		Director		
5/1/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION William Tobin 95-201 Ahoka Pl Mililani, HI 96789	Hawaii Medical Service Assoc.	100.00	200.00
		Employee		
5/15/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION John Jacobs 1005 Kailua Rd. Apt G1 Kailua, HI 96734	Hawaii Medical Service Assoc.	500.00	1000.00
		Executive		
5/22/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Amy Jampel 1525 Wilder Ave #407 Honolulu, HI 96822	Hawaii Medical Service Assoc.	300.00	600.00
		Executive		
6/13/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Edward Van Lier Ribbink 44-024 Aumoana Pl Kaneohe, HI 96744	Hawaii Medical Service Assoc.	1000.00	1000.00
		Executive CFO		
6/28/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Lloyd Kishi 95-129 Paia Place Mililani, HI 96789	Hawaii Medical Service Assoc.	100.00	200.00
		Manager		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$2400.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

**STATE OF HAWAII
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NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Association Employee Political Action Committee

PAGE 1 OF 6

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Gecila A. Aquino 724 Mokauea St. Honolulu, HI 96819	Hawaii Medical Service Assoc.	70.00	130.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Francis Bilek PO Box 4383 Kaneohe, HI 96744	Hawaii Medical Service Assoc.	0.00	104.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Linda Bilek PO Box 4383 Kaneohe, HI 96744	Hawaii Medical Service Assoc.	12.00	124.00
		Manager		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Rosaline Campbell 1425 Punahou St. # 403 Honolulu, HI 96822	Hawaii Medical Service Assoc.	35.00	105.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Paul Connell 95-1177 Makaikai Street, #155 Mililani, HI 96789	Hawaii Medical Service Assoc.	65.00	205.00
		Manager		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James Cooper 7256 Pulehu Street Honolulu, HI 96025	Hawaii Medical Service Assoc.	70.00	290.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Raquel Craven 1017 Alewa Drive #E1 Honolulu, HI 96817	Hawaii Medical Service Assoc.	0.00	105.00
		Manager		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$252.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

**STATE OF HAWAII
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NONCANDIDATE COMMITTEE NAME:

PAGE 1 OF 6

Hawaii Medical Service Association Employee Political Action Committee

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
8/14/06	[] NON-MONETARY CONTRIBUTION Carolyn Gire 5628 Halekamani Street Honolulu, HI 96821	Hawaii Medical Service Assoc.	275.00	975.00
		Executive		
8/14/06	[] NON-MONETARY CONTRIBUTION Alan Goto 2764A Booth Road Honolulu, HI 96813	Hawaii Medical Service Assoc.	50.00	490.00
		Employee		
8/14/06	[] NON-MONETARY CONTRIBUTION Paul Goto 1780 Hanahanai Place Honolulu, HI 98621	Hawaii Medical Service Assoc.	56.00	156.00
		Director		
8/14/06	[] NON-MONETARY CONTRIBUTION Joyce Hong 2124 Ala Mahanase Street Honolulu, HI 96819	Hawaii Medical Service Assoc.	70.00	210.00
		Manager		
8/14/06	[] NON-MONETARY CONTRIBUTION Robert Low 1710 Punahou Street, #203 Honolulu, HI 96822	Hawaii Medical Service Assoc.	87.5	262.50
		Supervisor		
8/14/06	[] NON-MONETARY CONTRIBUTION Fumie Lum 2961-B Kalawao Place Honolulu, HI 96822	Hawaii Medical Service Assoc.	70.00	210.00
		Supervisor		
8/14/06	[] NON-MONETARY CONTRIBUTION Kevin Matsumoto 854 Hahaione Street Honolulu, HI	Hawaii Medical Service Assoc.	42.00	126.00
		Manager		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$650.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

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NONCANDIDATE COMMITTEE NAME:

PAGE 1 OF 6

Hawaii Medical Service Association Employee Political Action Committee

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Alice K. Mauia PO Box 67 Laie, HI 96762	Hawaii Medical Service Assoc.	70.00	210.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Richard Mitsunaga 98-1068 Kaonohi Street Aiea, HI 96701	Hawaii Medical Service Assoc.	0.00	120.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Jane Miyake 380-H Haleloa Place Honolulu, HI 96821	Hawaii Medical Service Assoc.	171.00	330.00
		Director		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Michael Moss 217 Prospect Street, #A-10 Honolulu, HI 96813	Hawaii Medical Service Assoc.	70.00	210.00
		Manager		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Clifford Nishikawa 95-119 Lewanuu Place Mililani, HI 96789	Hawaii Medical Service Assoc.	140.00	420.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Brant Nishizuka 1255 Nuuanu Ave, #711 Honolulu, HI 96817	Hawaii Medical Service Assoc.	70.00	210.00
		Manager		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Wesley Oda 801 S King Street, #2208 Honolulu, HI 96813	Hawaii Medical Service Assoc.	140.00	345.00
		Executive		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$661.00

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**STATE OF HAWAII
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Hawaii Medical Service Association Employee Political Action Committee

PAGE 1 OF 6

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Susan Oshiro PO Box 552 Ka'apa, HI 96746	Hawaii Medical Service Assoc.	35.00	105.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Donni-Rae Pang 511 Liliha Place Honolulu, HI 96817	Hawaii Medical Service Assoc.	42.00	126.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Alberta Rodrigues 1273 California Avenue Wahiawa, HI 96786	Hawaii Medical Service Assoc.	35.00	105.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Daniel Sciaroni 3-3295 Kuhio Hwy Lihue, HI 96766	Hawaii Medical Service Assoc.	70.00	210.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Laurie Sickels 2407 E. Manoa Road Honolulu, HI 96822	Hawaii Medical Service Assoc.	70.00	210.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Michael Stollar 5850 Haleola Street Honolulu, HI 96821	Hawaii Medical Service Assoc.	275.00	975.00
		Executive		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Carol Takano 1457 Kawelu Street Pearl City, HI 96782	Hawaii Medical Service Assoc.	70.00	210.00
		Director		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$597.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

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NONCANDIDATE COMMITTEE NAME:

PAGE 1 OF 6

Hawaii Medical Service Association Employee Political Action Committee

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Nancy Wheeler 95-701 Lauawa Street Mililani, HI 96789	Hawaii Medical Service Assoc.	70.00	210.00
		Manager		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Marlene Yam PO Box 6143 Kaneohe, HI 96744	Hawaii Medical Service Assoc.	140.00	180.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Cheryl Yasunaga 1919-C Fern Street Honolulu, HI 96826	Hawaii Medical Service Assoc.	35.00	105.00
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
		Employee		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
8/14/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... \$245.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A)..... \$13,576.50

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:
Hawaii Medical Service Employee Political Action Committee

PAGE 1 OF 1

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
1/5/06	Friends of Jon Riki Karamatsu P.O. Box 970146 Waipahu, HI 96797	150.00	250.00
1/11/06	Friends of Donna Mercado Kim 1528 Onipa'a St. Honolulu, HI 96819	250.00	250.00
2/21/06	Friends of Dwight Takamine 624 12th Avenue Honolulu, HI 96816	300.00	500.00
2/21/06	Ohana O Marilyn P.O. Box 893711 Mililani, HI 96789	300.00	500.00
2/21/06	Friends of Michael P. Kahikina P.O. Box 2512 Wainae, HI 96792	200.00	300.00
3/3/06	Democratic Party of Hawaii P.O. Box 167 Honolulu, HI 96810	5000.00	6000.00
3/7/06	Good Friends of Kyle Yamashita P.O. Box 880989 Pukalani, HI 96788	250.00	550.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 6450.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Employee Political Action Committee

PAGE 1 OF 1

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
3/7/06	Friends of Ryan Yamane 94-1466 Okupu St. Waipahu, HI 96797	150.00	400.00
3/7/06	Friends of Mark Moses 92-339 Akaula St. Kapolei, HI 96707	100.00	100.00
3/7/06	Friend of Mark Takai P.O. Box 2267 Pearl City, HI 96782	100.00	100.00
3/10/06	Friends of Scott Nishimoto 2442 Kaala St. Honolulu, HI	150.00	250.00
3/20/06	Friends of Kymberly Pine P.O. Box 2635 Eva Beach, HI 96706	150.00	150.00
3/20/06	Friends of Roy Takumi P.O. Box 1649 Pearl City, HI 96782	150.00	300.00
3/20/06	Friends of Maile Shimabukuro P.O. Box 2043 Wai'anai, HI 96792	150.00	300.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 950.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Hawaii Medical Service Employee Political Action Committee

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
3/22/06	Friends of Glenn Wakai 1541 Alalani St. Honolulu, HI 96819	150.00	400.00
3/22/06	Friends of Bob Herkes PO Box 313 Volcano, HI 96785	500.00	500.00
3/27/06	Friends of Josh Green PO Box 390028 Keahou, HI 96739	300.00	550.00
3/27/06	Friends of Souki PO Box 632 Wailuku, HI 96793	200.00	400.00
4/21/06	Friends of Lyla Berg PO Box 240634 Honolulu, HI 96824	150.00	300.00
3/27/06	Friends of Michael Magaoay PO Box 977 Waialua, HI 96791	250.00	850.00
4/13/06	Friends of Cynthia Thielen PO Box 996 Kailua, HI 96734	150.00	150.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 1700.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).....

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Employee Political Action Committee

PAGE 1 OF 1

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
4/13/06	Friends of Blake Oshiro PO Box 1473 Aiea, HI 96701	400.00	700.00
4/13/06	Friends of Sylvia Luke PO Box 2804 Honolulu, HI 96803	400.00	700.00
4/13/06	Friends of Ken Ito PO Box 4354 Kaneohe, HI 96744	150.00	300.00
4/14/06	Friends of Clift Tsuji 1382 Auahi Place Hilo, HI 96720	200.00	350.00
4/14/06	Friends of Will Espero 91-944 Waihua Place Eva Beach, HI 96706	200.00	400.00
4/14/06	Friends of Pono Chong 45-934 Kamehameha Highway Kaneohe, HI 96824	200.00	750.00
4/21/06	Time for Barbara Marumoto PO Box 2274 Honolulu, HI 96804	150.00	350.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 1700.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT,

SECTION III (PART 2), LINE 12, COLUMN A).....

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Employee Political Action Committee

PAGE 1 OF 1

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
4/24/06	Friends of Tommy Waters PO Box 411 Waimanolo, HI 96795	150.00	350.00
5/3/06	Friends for Kam Tanaka ????????????????????	100.00	100.00
5/9/06	Friends for Roz Baker PO Box 10394 Lahaina, HI 96761	350.00	850.00
5/9/06	Friends for Brian Taniguchi 2140 Armstrong Street Honolulu, HI 96822	400.00	700.00
5/15/06	Friends of Donovan Dela Cruz PO Box 860340 Wahiawa, HI 96786	100.00	200.00
5/17/06	Right on Sonson PO Box 970084 Waipahu, HI 96797	250.00	400.00
6/1/06	Friends of Charles Djou PO Box 22011 Honolulu, HI 96823	100.00	200.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 1450.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).....

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME: Hawaii Medical Service Employee Political Action Committee PAGE 1 OF 1

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
6/12/06	Friends of Kirk Caldwell PO Box 61208 Honolulu, HI 96839	500.00	800.00
8/8/06	Friends of Kymberly Pine PO Box 2635 Eva Beach, HI 96706	250.00	250.00
8/14/06	Friends of Bob Nakasone 140 Alamaha St. Kahului, HI 96732	200.00	350.00
8/14/06	Friends of Suzanne Chun Oakland 603-E Kunawai Lane Honolulu, HI 96817	200.00	400.00
8/14/06	Good Friends of Kyle Yamashita PO Box 880989 Pukalani, HI 96788	250.00	550.00
8/24/06	Friends of Souki PO Box 632 Wailuku, HI 96793	100.00	500.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 1500.00
2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A)..... \$13,750.00

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE C
EXPENDITURES
NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

PAGE

OF

Hawaii Medical Service Employee Political Action Committee

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF PAID EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE).....
2. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 13,
COLUMN AJ).....

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE D
OTHER RECEIPTS
NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:

Hawaii Medical Service Employee Political Action Committee

PAGE 1 OF 1

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
1/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.49	\$6.65
2/28/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.44	\$7.09
3/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.42	\$7.51
4/28/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.47	\$7.98
5/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.54	\$8.52
6/30/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.53	\$9.05
7/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.55	\$9.60

1. SUBTOTAL OF OTHER RECEIPTS THIS PERIOD (THIS PAGE)..... \$3.44
2. TOTAL OF OTHER RECEIPTS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION II (PART 2), LINE 10, COLUMN A).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE D
OTHER RECEIPTS
NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Hawaii Medical Service Employee Political Action Committee

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
8/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.55	\$10.15

1. SUBTOTAL OF OTHER RECEIPTS THIS PERIOD (THIS PAGE)..... \$0.55

2. TOTAL OF OTHER RECEIPTS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION II (PART 2), LINE 10, COLUMN A)..... \$10.15